Healthcare-associated infections (HAIs) are a major, yet often preventable, threat to patient safety. The Centers for Disease Control and Prevention (CDC) is committed to helping all Americans receive the best and safest care. The *National and State Healthcare-Associated Infections Progress Report* (HAI Progress Report) expands and provides an update on the previous reports detailing progress toward the ultimate goal of eliminating healthcare-associated infections. The Report can serve as a reference for anyone looking for information about national and state HAI prevention progress. It is specifically designed to be accessible to many audiences. For detailed methods and references, please refer to the Technical Appendix within this report. For complete data tables and a glossary of terms, please visit CDC's HAI Progress Report website at www.cdc.gov/hai/progress-report.

To help improve patient safety, CDC tracks infections, responds to outbreaks, provides infection prevention expertise and guidelines, spearheads prevention research, and serves as the nation's gold-standard laboratory. CDC's National Healthcare Safety Network (NHSN), the nation's healthcare-associated infection tracking system, is critical in this work. More than 13,000 hospitals and other healthcare facilities provide data to NHSN. This vital information is then used for reporting, including in this HAI Progress Report, and for care improvement by facilities, states, regions, quality groups, and national public health agencies including CDC.

This HAI Progress Report includes national and state-by-state summaries of six HAI types based on 2013 data. The Report helps measure progress toward the HAI prevention goals outlined in the *National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination* (HAI Action Plan) set by the U.S. Department of Health and Human Services (HHS). Progress is measured using the standardized infection ratio (SIR), a summary statistic that can be used to track HAI prevention progress over time. The individual state progress reports include infection-specific SIRs, progress in reducing HAIs, and state prevention efforts. These customized reports can aid in identifying areas in need of improvement from a national level and within specific states.

Data in this report are from acute care hospitals only. National and state-level data include: central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), hospital-onset *Clostridium difficile* infections (*C. difficile*), and hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (bloodstream infections). This is the first report that includes state-specific

information about MRSA bacteremia and *C. difficile* infections. State-specific SSI data are presented for colon surgery and abdominal hysterectomy surgery, two of the most commonly reported surgeries.

The Report describes significant reductions reported at the national level in 2013 for nearly all infections. Despite this progress, the nation did not reach the 2013 goals established by the HAI Action Plan in 2009. More action is needed at every level of public health and health care to improve patient safety and eliminate infections that commonly threaten hospital patients. CLABSI and SSI show the greatest reduction as they closely approached the set goals. Some progress is shown in reducing both hospital-onset MRSA bacteremia and hospital-onset *C. difficile* infections. The Report shows an increase in CAUTI, similar to last year's report, signaling a strong need for additional prevention efforts.

**On the national level, the report found:**

- 46 percent decrease in CLABSI between 2008 and 2013
- 19 percent decrease in SSI related to the 10 select procedures tracked in the report between 2008 and 2013
- 6 percent increase in CAUTI between 2009 and 2013
- 8 percent decrease in MRSA bacteremia between 2011 and 2013
- 10 percent decrease in *C. difficile* infections between 2011 and 2013

**On the state level:**

- 26 states performed better than the national SIR on at least two infection types
- 16 states performed better than the national SIR on at least three infection types
- 6 states performed better than the national SIR on at least four infection types
- 19 states performed worse than the national SIR on at least two infection types
- 8 states performed worse than the national SIR on at least three infection types

**The number of states performing better than the nation by infection type:**

- CLABSI – 16 states
- SSI, colon surgery – 9 states
- SSI, abdominal hysterectomy – 8 states
- CAUTI – 19 states

- MRSA bacteremia – 19 states
- *C. difficile* infections – 21 states

**The number of states performing worse than the nation by infection type:**

- CLABSI – 14 states
- SSI, colon surgery – 13 states
- SSI, abdominal hysterectomy – 3 states
- CAUTI – 17 states
- MRSA bacteremia – 12 states
- *C. difficile* infections – 18 states

This report shows that although significant progress was made in some infection types, there is much more work to be done. On any given day, approximately one in 25 U.S. patients has at least one infection contracted during the course of their hospital care, demonstrating the need for improved infection control in U.S. healthcare facilities. Steps can be taken to control and prevent healthcare-associated infections in a variety of settings. Research shows that when healthcare facilities, care teams, and individual doctors and nurses are aware of infection problems and take specific steps to prevent them, rates of some targeted HAIs (e.g., CLABSI) can decrease by more than 70 percent. Full engagement between local, state and federal public health agencies and their partners in the healthcare sector will be vital to sustaining and extending HAI surveillance and prevention progress. CDC will continue its prevention, tracking, lab, and guideline work to push the country further toward the goal of eliminating HAIs.

Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to the Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop A-07; Atlanta, Georgia, 30333. E-mail can also be used: patientsafety@cdc.gov.